

<i>SERFF Tracking Number:</i>	<i>CMIC-125858795</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CMIC-125858795</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2022 Other</i>
<i>Product Name:</i>	<i>Farm Liability Program</i>		
<i>Project Name/Number:</i>	<i>Product Review/N/A</i>		

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Farm Liability Program

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2022 Other

SERFF Tr Num: CMIC-125858795

SERFF Status: Closed

Co Tr Num: CMIC-125858795

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Sheila Andrew

Date Submitted: 10/15/2008

Disposition Date: 10/27/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Product Review

Project Number: N/A

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Cameron Mutual Insurance Company (CMIC) wishes to file the attached new optional endorsement form FL 10 06 01 98 Exclusion - Products Related To A Specific Premises Or Operations for use with our Farm Liability program. Rules for this form will follow under separate cover. The attached form is a final print copy.

At this time we would also like to withdraw from use with our Farm Liability program as of the same effective dates optional forms FL 04 29 06 90 Additional Farm Premises Rented To Others and FL 04 42 06 90 Limited Home Day Care Coverage.

SERFF Tracking Number:	CMIC-125858795	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CMIC-125858795		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
Product Name:	Farm Liability Program		
Project Name/Number:	Product Review/N/A		

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance Specialist	sandrew@cameron-insurance.com
214 McElwain Drive	(800) 326-6511 [Phone]
Cameron, MO 64442-1321	(816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company	CoCode: 15725	State of Domicile: Missouri
214 McElwain Drive	Group Code: 532	Company Type: Property & Casualty
Cameron, MO 64429-1321	Group Name:	State ID Number:
(800) 326-6511 ext. [Phone]	FEIN Number: 44-0447850	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	10/15/2008	23191181

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TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/27/2008	10/27/2008

<i>SERFF Tracking Number:</i>	<i>CMIC-125858795</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Farm Liability Program</i>		
<i>Project Name/Number:</i>	<i>Product Review/N/A</i>		

Disposition

Disposition Date: 10/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMIC-125858795	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CMIC-125858795		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
Product Name:	Farm Liability Program		
Project Name/Number:	Product Review/N/A		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Products Related To A Specific Premises Or Operations	Approved	Yes
Form	Limited Home Day Care Coverage	Approved	Yes
Form	Additional Farm Premises Rented To Others	Approved	Yes

SERFF Tracking Number: CMIC-125858795 State: Arkansas

Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CMIC-125858795

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2022 Other

Product Name: Farm Liability Program

Project Name/Number: Product Review/N/A

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Products Related To A Specific Premises Or Operations	FL 10 06	01 98	Endorsement/Amendment/Conditions	New		FL 10 06 01 98.pdf
Approved	Limited Home Day Care Coverage	FL 04 42	06 90	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #: Previous Filing #:	
Approved	Additional Farm Premises Rented To Others	FL 04 29	06 90	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #: Previous Filing #:	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION - PRODUCTS RELATED TO A SPECIFIC PREMISES OR
OPERATION**

This endorsement modifies insurance provided under the following:

FARM LIABILITY COVERAGE FORM

SCHEDULE *

Description Of Premises:

Or

Description Of Operations:

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

With respect to "bodily injury" or "property damage" arising out of "your products" manufactured, sold, handled, distributed or disposed of:

1. On, from or in connection with the use of any premises described in the Schedule; or
2. In connection with the conduct of any operation described in the Schedule, when conducted by you or on your behalf;

the following exclusion is added to the **Exclusions under Coverage H - Bodily Injury And Property Damage Liability**:

This insurance does not apply to "bodily injury" or "property damage" arising out of "your products" if the "bodily injury" or "property damage" occurs after you have relinquished possession of those products.

This exclusion does not apply to "bodily injury" or "property damage" arising out of the transportation of property, unless the injury or damage arises out of a condition, in or on a vehicle, created by the "loading or unloading" of it.

However, the foregoing provisions do **not** permit coverage for any situation excluded under Coverage H Exclusion **2.s.**, **2.u.** or **2.v.**

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/27/2008
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Comments:

Attachment:

Farm Liability SERFF Filing # CMIC-125858795.pdf

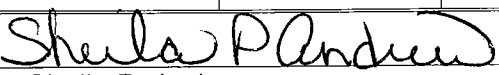
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Cameron Insurance Companies				Group NAIC #	0532
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Cameron Mutual Insurance Company	MO	15725	44 0447850			

5. Company Tracking Number	SERFF Filing # CMIC-125858795
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sheila P. Andrew		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10. Sub-Type of Insurance (Sub-TOI)	17.2022 Other (Farm Liability)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Farm Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: January 1, 2009 Renewal: January 1, 2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 15, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SERFF Filing # CMIC-125858795
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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At this time we would also like to withdraw from use with our Farm Liability program as of the same effective dates optional forms FL 04 29 06 90 Additional Farm Premises Rented To Others and FL 04 42 06 90 Limited Home Day Care Coverage.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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SERFF EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	SERFF Filing # CMIC-125858795
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Exclusion- Products Related To A Specific Premises Or Operations	FL 10 06 01 98	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Additional Farm Premises Rented To Others	FL 04 29 06 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
03	Limited Home Day Care Coverage.	FL 04 42 06 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1